



Apartment Application

22680 Cedar Lane Court, Leonardtown, MD 20650
 Phone: 301-475-8966 Fax: 301-475-1629 Web: www.cedar-lane.org
 MD Relay 7-1-1 in MD or 1.800.735.2258 (TTY/HCO)

DATE: _____

How did you hear about us?	
<input type="checkbox"/>	Family member
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Facebook
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Referring agency
<input type="checkbox"/>	Cedar Lane resident
<input type="checkbox"/>	Local to area
<input type="checkbox"/>	Website
<input type="checkbox"/>	Expo/Fair
<input type="checkbox"/>	Other _____

(PLEASE COMPLETE ENTIRE APPLICATION)

Applicant's Name:		
<i>First</i>	<i>M.I.</i>	<i>Last</i>
Other Names Used:		
Social Security Number:		Birth Date:
Phone Number(s):		
Email Address:		
Current Address:		
City:	State:	Zip:
How Long have you lived at this address?		
Do you rent, own, or live with family?		
Landlord's Name:		Landlord's Phone:
Landlord's Address:		
Have you been displaced? Yes No If Yes, For How Long? <i>(Displacement that has occurred due to government action or disaster as declared by the President of the United States)</i>		
List other states in which applicants have resided:		
Previous Address: <i>(*only required if less than 2 years at present address)</i>		How Long at this Address?
Address:		
City:	State:	Zip:
Landlord's Name:		Landlord's Phone:
Landlord's Address:		
Other Occupants who will live with you in apartment:		
Name:		Social Security Number:
Relationship:		Birth Date:
Have a pet? Yes No Assistance animal? Yes No What type? Dog Cat Other:		

You must complete a separate pet application, show proof of vaccinations and health cert. Pet Deposit is \$200.

NO SMOKING is allowed anywhere on Cedar Lane property.
Smoking in the apartment is prohibited and may lead to eviction.

Initial(s)



Equal Housing Opportunity



Date Received: _____	Time Received: _____ AM/PM	Received By: _____	Updated 4/1/2020
----------------------	----------------------------	--------------------	------------------

People who should be notified in case of emergency.			
*Emergency Contact:			
Name:		Phone:	
Address:			
City:	State:		Zip:
Relationship:		Power of Attorney?	Yes No
Email Address:			
Additional Contact:			
Name:		Phone:	
Address:			
City:	State:		Zip:
Relationship:		Power of Attorney?	Yes No
Email Address:			

Please complete the entire application and answer all questions

Have you ever been evicted?		Please circle	Yes	No
If yes, was it subsidized housing?		Please circle	Yes	No
Have you ever been convicted of a crime?		Please circle	Yes	No
<i>If yes, please explain and give dates:</i>				
Are you subject to lifetime sex offender registration in any state?		Please circle	Yes	No
Do you require any reasonable accommodations in order to live at Cedar Lane Senior Living Community?				
<i>If Yes, Please explain:</i>				
Do you have a scooter, electric wheelchair or other mobility device?				
<i>If yes, please describe:</i>				
Are you a student? Y or N Full Time or Part Time? FT PT				
Do you receive income in the form of Financial Student Assistance? Y or N				
Are you a military veteran? Y or N				
<i>If yes, which branch? Army Navy Air Force Marines Coast Guard</i>				

Gross Monthly Income Information:		Head of Household	Additional Occupants
Wages/Salaries:			
Social Security (SSI):			
Pension/Annuity:			
Social Security Disability (SSD):			
Other: (define)			
Total Gross Monthly Income:			
<i>You must list gross income (before any taxes or deductions) for everyone who will occupy apartment.</i>			
Estimated cash value of assets (investments, savings, certificates, whole life policies, real estate equity)			
	Building I	Building II	Building III

Date Received: _____	Time Received: _____	AM/PM	Received By: _____	Updated 9/1/2021
----------------------	----------------------	-------	--------------------	------------------

Unit Request This section must be completed	Church <u>Annual income limit*</u> 1 person - \$55,950 max 2 people - \$63,950 max	Burch <u>Annual income limit*</u> 1 person - \$38,050 max 2 people - \$43,500 max	Colton-Weinberg <u>No income limit*</u> No Section 8 subsidies Market rate only
DIRECTIONS: Please place a check mark next to the apartment types you are interested in for each building you are applying to.	<input type="checkbox"/> Studio (subsidized) <input type="checkbox"/> Studio (market rate) <input type="checkbox"/> 1 Bedroom (subsidized) <input type="checkbox"/> 1 Bedroom (market rate) <input type="checkbox"/> 2 Bedroom (subsidized) (2 occupants minimum)	<input type="checkbox"/> 1 Bedroom (subsidized) <input type="checkbox"/> 2 Bedroom (subsidized) (2 occupants minimum)	<input type="checkbox"/> 1 Bedroom (market rate) <input type="checkbox"/> 2 Bedroom (market rate)

*Annual income limit: Your gross annual income (before any deductions) must be under this amount to be eligible for the particular apartment building. Applicants to Building I must meet income limit however; if no subsidy is available will have the option to qualify and pay for an apartment at market rate. Not all apartments in Building I have rental assistance. Applicants to Building II must be below the income limit to apply to that building. If an applicant qualifies for Building II they would also qualify for Building I, however only Building II guarantees rental assistance. Building III has no income limit but offers no subsidy. You may apply for more than one waiting list provided you meet the income requirements. If you are called and offered an apartment, you may 'accept' or 'reject'. Rejecting any apartment at the time it is offered results in your name being removed from the waitlist for that apartment option. You may reapply.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. As an inducement to enter into the lease, I authorize Cedar Lane Senior Living Community to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report and verification of my residences, employment, income as well as criminal background. I further authorize Cedar Lane Senior Living Community and the consumer reporting agency to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living and release all concerned from any liability in connection with the information they give. By signing this document, I am advised that I have the right, under Federal Fair Credit Reporting Act, Section 606(B) to make a written request of Cedar Lane Senior Living Community, and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also acknowledge the right to disclosure of such information as required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of your rights under the Fair Credit Reporting Act." I also authorize Cedar Lane Senior Living Community to obtain my consumer credit report at any time during the term of the lease, and after termination of the lease, in order to assist Cedar Lane Senior Living Community in collection efforts against me. Cedar Lane does not accept reusable tenant screening reports.

I understand that if I move or if my contact information changes, it is my responsibility to contact Cedar Lane Senior Living Community to update my file. Failure to do so may result in being removed from the waitlist and not being offered an apartment. Once you are contacted regarding an available apartment you must make a rental decision within 48 hours. Names on the wait list will be maintained and honored in the order of the date the completed application of interest was received.

Please Print Name:	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:

The application must be signed by the applicant or by Power of Attorney for the applicant with a copy of the POA submitted with the application. Falsifying or failing to disclose information on your application can lead to eviction. A copy of the Tenant Selection Plan is available upon request.

Date Received: _____	Time Received: _____	AM/PM	Received By: _____	Updated 9/1/2021
----------------------	----------------------	-------	--------------------	------------------

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property _____ **Project No.** _____ **Address of Property** _____

Name of Owner/Managing Agent _____ **Type of Assistance or Program Title:** _____

Name of Head of Household _____ **Name of Household Member** _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.